## 02-19-03

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RCG/1700

PTO/SB/30 (10/2001)
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## REQUEST

**FOR** 

## CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to: Commissioner for Patents Box RCE Washington, DC 20231

Application Number	09/770,882
Filing Date	January 26, 2001
First Named Inventor	James D. Hempleman
Art Unit	2172
Examiner Name	Alfred W. Kindred
Attorney Docket Number	8376/86291

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

Submission rec	quired under 37 CFF	R §1.114					
a.   Previously su	ubmitted						
	amendment(s)/reply un	der 37 CFR §1.116 p	reviously filed on	12/06/02 ( AMEMS	RECEIVED		
(Any unente	red amendment(s) referr	ed to above will be e	ntered).	<b>.</b>	10011104		
ii. ☐ Consider iii. ☐ Other	the arguments in the	e Appeal Brief or	Reply Brief prev	viously filed on	FEB 2 1 2003		
b.   Enclosed				To	shaplagy Contor 210		
	lment/Reply	iii. 🔲 Infor	mation Disclosu	re Statement (IDS)	chnology Center 210		
ii. 🔼 Affidav	it(s)/Declaration(s)	iv. 🔲 Othe	r				
2. Miscellaneous		*					
	of action on the abo	ve-identified appl	ication is reque	sted under 37 CFR	§1.103(c) for		
•	months (Period of		=		*		
	fee under 37 CEP 81 17/	a) is required by 37 (	CED &1 114 when	the BCE is filed			
3. Fees The RCE fee under 37 CFR §1.17(e) is required by 37 CFR §1.114 when the RCE is filed.  a. The Director is hereby authorized to charge the following fees, or credit any overpayments, to							
Deposit Acco	•	_	mowning rees, or	credit any overpayi	nents, to		
	e required under 37						
iii. 🖾 Other	overpayment or u		•	1 FC:2801	375.00 GP		
b.   Check in the	amount of \$ 375.00	enclos	sed				
	credit card (Form PTC						
	nformation on this fo						
be included of	on this form. Provide	e credit card infor	mation and auth	norization on PTO-20	38.		
	SIGNATURE OF	APPLICANT, ATT	ORNEY, OR AG	ENT REQUIRED			
Name (Print / Type)	Paul Mr. Vargo	)	Registr	ration No. (Attorney / Agent)	29,116		
Signature	1mm		Date	February 14, 2003			
	CERTIF	ICATE OF MAILIN	G OR TRANSMI	SSION			
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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Assistant Commissioner for Patents, Box RCE, Washington, DC 20231.